



**NOTICE OF ELIGIBILITY AND RIGHTS AND RESPONSIBILITIES FAMILY AND
MEDICAL LEAVE ACT AND/OR PREGNANCY DISABILITY LEAVE**

DATE: _____

TO: _____
[Employee's Name and Title]

FROM: _____
[Department Manager]

Part A - Notice of Eligibility

We received information that you need leave beginning on _____ for your being disabled due to pregnancy, childbirth or related medical conditions.

This is to inform you that:

- You are eligible for Pregnancy Disability Leave. (See **Part B** below for Rights and Responsibilities).
- You are also eligible for Family and Medical Leave ("FMLA"). (See **Part B** below for Rights and Responsibilities).
- You are not eligible for FMLA leave because (only one reason need be checked, although you may not be eligible for other reasons):
- You have not met the 12-month length of service requirement under the FMLA. As the first date of requested leave, you will have worked approximately _____ months towards this requirement.
- You have not met the 1/250-hours worked requirement under the FMLA and/or CFRA.
- You do not work and/or report to a work site with 50 or more employees within a 75 mile radius.
- You have exhausted your FMLA leave entitlement in the applicable 12-month period.

If you have any questions, refer to the FMLA/PDL policies in the Personnel Rules or contact County Personnel.

Part B – Rights and Responsibilities

As explained in Part A, you meet the eligibility requirements for taking Pregnancy Disability Leave and/or FMLA leave; However, in order for us to determine whether your absence qualifies as Pregnancy Disability Leave and/or FMLA, you must return the following information to us. You will have at least 15 calendar days from receipt of this notice in which to provide the information; additional time may be required in some circumstances. If sufficient information is not provided in a timely manner, your leave may be delayed, denied, or not designated as Pregnancy Disability Leave and/or FMLA leave.

Sufficient certification to support your request for Pregnancy Disability Leave and/or FMLA leave. A certification form that sets forth the information necessary to support your request is enclosed

(Check if Applicable) Other information needed: _____

If your leave qualifies as Pregnancy Disability Leave and/or FMLA leave, you will have the following responsibilities while on leave:

Contact Payroll to make arrangements to continue to make your share of the premium payments on your health insurance to maintain health benefits while you are on leave. You have a minimum 30-day grace period in which to make premium payments. If payment is not made timely, your group health insurance may be cancelled, provided we notify you in writing at least 15 days before the date that your health coverage will lapse, or, at our option, we may pay your share of the premiums during the FMLA and/or CFRA leave, and recover these payments from you upon your return to work.

You will be required to use your available paid sick leave during your Pregnancy Disability Leave and/or FMLA absence. In addition, you have the option, but are not required, to use vacation and other accrued leave balances. This means that you will receive your paid leave and the leave will also be considered protected Pregnancy Disability Leave and/or FMLA leave and counted against your Pregnancy Disability Leave and/or FMLA leave entitlement. You will not be required to use leave balances if you are receiving wage replacement benefits like state disability insurance (SDI), paid family leave insurance (PFL), or workers' compensation benefits, but your leave will still be considered Pregnancy Disability Leave and/or FMLA leave. You may choose to coordinate these benefits with your leave balances.

Notify Payroll and your department immediately if you receive any wage replacement benefits and state whether or not you wish to coordinate your leave balances with these benefits. Wage replacement benefits you receive in combination with any leave balances you coordinate with these benefits may not exceed your regular weekly wages.

(Check if Applicable) While on leave, you will be required to furnish us with periodic reports of your status and intent to return to work every _____ (Indicate interval of periodic reports, as appropriate for the particular leave situation).

You will be required to follow your department's regular call-in procedures to report any absences related to any required intermittent leave or leave on a reduced work schedule. **If the circumstances of your leave change and you are able to return to work earlier than the date you have stated, you will be required to notify us at least two (2) workdays prior to the date you intend to report for work.**

If your leave qualifies as Pregnancy Disability Leave and/or FMLA leave, you will have the following **rights** while on Pregnancy Disability Leave and/or FMLA leave:

- You have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period calculated as the calendar year (January - December).
- You have a right under the Pregnancy Disability Leave law for up to four months of leave over the course of a twelve-month period, depending on the periods of actual disability. The four months is defined as 88 work days for full-time employees working five (5) days per week; employees working other schedules are entitled to a pro-rata amount of leave.
- While on FMLA and/or PDL leave, your health benefits must be maintained commencing on the date the leave begins, at the level and under the conditions that coverage would have been provided if the employee had continued in employment continuously for the duration of the leave.
- You must be reinstated to the same or an equivalent job with the same pay, benefits and terms and conditions of employment on your return from FMLA and/or PDL. (If your leave extends beyond the end of your FMLA and/or PDL entitlement, you do not have return rights under the FMLA and/or PDL).
- If you do not return to work following FMLA and/or PDL leave, the County may recover from the employee the premium that the County paid as required under this law for maintaining coverage for the employee under the group health plan if both of the following conditions are met:
 1. The employee fails to return from leave after the period of leave to which the employee is entitled has expired.
 2. The employee's failure to return from leave is for a reason other than one of the following:
 - a. The employee taking leave under the California Family Rights Act
 - b. The continuation, recurrence, or onset of a health condition that entitles the employee to leave for other circumstances beyond the control of the employee.
- If we have not informed you above that you must use accrued paid leave while taking your unpaid Pregnancy Disability Leave and/or FMLA leave, you have the right to have your sick leave, vacation, and/or other leave balances run concurrently with your unpaid leave entitlement, provided you meet any applicable requirements of County policies relating to such leaves. Applicable conditions related to the substitution of paid leave are referenced or set forth

below. If you do not meet the requirements for taking paid leave, you remain entitled to take unpaid Pregnancy Disability Leave and/or FMLA leave.

For a copy of conditions applicable to sick/vacation/other leave, please refer to the County Personnel Rules and, if you are a member of a bargaining unit, the M.O.U. with your bargaining unit. These are available at the County's website, www.co.shasta.ca.us.

Once we obtain the information from you as specified above, we will inform you within five (5) business days whether your leave will be designated as Pregnancy Disability Leave and/or FMLA leave and count towards your Pregnancy Disability Leave and/or annual FMLA leave entitlement.

Attachments: Notice to Employees of Rights & Responsibilities under FMLA, Notice to Employees of Rights & Responsibilities under CFRA and/or PDL, Certification Form.